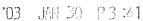


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

RECHIVED







(See back of this form for instructions) ATE EXE PART I LOBBYIST NAME(Last) (First) (Middle) TELEPHONE Horiuchi Anne Τ. 547-5600

MAILING ADDHESS (Street)		(City)	(State)	(Zip Code)	
P. O. Box 3196	Но	onölülu	HI	96801	
EMPLOYING ORGANIZATION (Fill in	n only if you are employed by a bus	siness entity which has been ret	ained to lobb	y) TELEPHONE	
Goodsill Anderson Quinn	& Stifel			547-5600	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
Same as above				·	
PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LO	OBBY FOR (Do not abbreviate)			TELEPHONE 949/	
Verizon Wireless		(O:1. A	/0:	387-0431	
MAILING ADDRESS (Street) 15505 Sand Canyon Avenu		(City)	(State)	(Zip Code)	
Bldg. E, F1. 3	I	rvine	CA	92614	
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION	N'S EXPENDITURES STATEME	NT	TELEPHONE 949/	
Michael Bagley				387-0431	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
Same as above					
PART III DESCRIPTION O	OF SUBJECTS UPON WHIC	CH YOU EXPECT TO LO	DBBY		
Agriculture	Education	Human Services	<u>.</u> .	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Rela		Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment		Transportaion	
Culture, Arts, Historic Preservation	Health	Planning, Land & Wate Use Management	er	Other: (indicate below)	
Ecology, Energy, Environmental Protection	Housing	Public Safety & Correc	tions		
• •	N OF LOBBYIST				
• •	formation furnished above is	, to the best of my knowle	dge, corre	ct and complete.	
anne J. Herinchi (128103					
(Signature of Lobbyist)			(Date)		
			engal vi in in an		
PART V AUTHORIZATIO	N TO LOBBY				
NAME		TITLE OF AUTHORIZING OF		. •	
Michael Bagley		Director of Pul	blic Poli	icy, West Aven	
NAME OF ORGANIZATION (if appli	cable)			TELEPHONE	

(Signature of Lobbyist)		(Date)		
		and the state of the		
PART V AUTHORIZATION TO	LOBBY		* 774	
NAME	TITLE OF AUTH	IORIZING OFFICER OR PERSON	REPRESENTED	
Michael Bagley	Director	of Public Policy,	West Avea	
NAME OF ORGANIZATION (if applicable)			EPHONE 949/	
Verizon Wireless		26	387-0431 10-30/2	
MAILING ADDRESS (Street) 15505 Sand Canyon Avenue	(City)	(State)	(Zip Code)	
Bldg. E., Fl. 3	Irvine	CA	92614	
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.				
Michael	Bogley	1/22/03		
(Signature of Authorizing	Officer or Person Represented)	(Date)		